HC-One Limited

The Beeches (Doncaster)

Inspection report

Armthorpe
Doncaster
South Yorkshire
DN3 2DZ

Tel: 01302300312
Website: www.hc-one.co.uk/homes/the-beeches-armthorpe/

Date of inspection visit:
30 March 2016
31 March 2016

Date of publication:
04 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 30 and 31 March 2016 and was unannounced on the first day. We last inspected the service in October 2013 when it was found to be meeting the regulations we assessed.

The Beeches is situated in the village of Armthorpe on the outskirts of Doncaster. It is a purpose built home providing care for up to 32 older people, including people living with dementia. The home has bedrooms on the first and ground level of the building. None of the bedrooms have en-suite facilities. There is parking and a secure garden at the rear of the building. At the time of our inspection there were 30 people living at the home.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The home had a friendly atmosphere which people described as welcoming. Throughout our inspection we saw staff supporting people in an inclusive, caring, responsive and friendly manner. They encouraged people to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. The people we spoke with made positive comments about how staff delivered care and said they were happy with the way the home was managed.

People told us they felt the home was a safe place to live. We saw there were systems and processes in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding people from abuse, and were able to explain the procedures to follow should there be any concerns of this kind. Assessments identified any potential risks to people, such as risk of falling, and care files contained management plans to reduce these risks.

Medicines were stored safely and procedures were in place to ensure they were administered correctly. We saw people received their medications from staff who had been trained to carry out this role.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. However, this had not always been consistently followed. For example, we found one staff member did not have a second reference on file. We also found little evidence to show they had received a structured induction when they started to work at the home. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Staff had access to a varied training programme and support to help them meet the needs of the people who used the service.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. We

saw specialist diets were provided if needed and the people we spoke with said they were happy with the meals available.

People's needs had been assessed before they moved into the home to make sure their needs could be met. People living at the home, as well as their relatives, had been involved in planning care. Care files reflected people's needs and preferences in satisfactory detail, but some lacked details about people's abilities to do things themselves. Care plans and risk assessments had been reviewed on a regular basis to assess if the planned care was working, or if changes needed to be made.

People had access to a varied activities programme which provided regular in-house and community activities. People told us they enjoyed the activities they took part in, but could choose not to participate if they preferred.

The company's complaints policy was available to people using or visiting the service. People told us they had no complaints, but would feel comfortable speaking to staff if they had any concerns.

There was a system in place to enable people to share their opinion of the service provided and the general facilities available. We also saw a structured audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed action plans had been put in place to address shortfalls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment processes were in place to help the employer make safer recruitment decisions when employing new staff. However, essential checks had not always been carried out consistently.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people, and management plans were in place to reduce any potential risks.

We found there was enough staff on duty to meet the needs of people living at the home at the time of our inspection.

Robust systems were in place to make sure people received their medications safely, this included key staff receiving medication training.

Is the service effective?

Good

The service was effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated the correct processes were being followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had access to a varied training programme to make sure they could meet the needs of the people they supported.

People received a well-balanced diet that offered variety and met their individual needs. Our observations, and people's comments, indicated they were happy with the meals provided.

Is the service caring?

Good

The service was caring.

People told us they were very happy with how staff delivered their care. We saw staff interacted with people in a positive and

caring manner, respecting their preferences and decisions.

Staff demonstrated a good awareness of how to respect people's privacy and dignity. People told us, and we observed that staff respected people's dignity and encouraged them to be as independent as they were able to be.

People were supported to maintain important relationships. Relatives told us they could visit when they wanted to and they were always made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People had been encouraged to be involved in care assessments and planning care. On the whole care plans reflected people's needs and had been reviewed and updated in a timely manner.

A programme of social stimulation and activities were available, which people said they enjoyed.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with staff.

Is the service well-led?

Good

The service was well led.

People told us the registered manager was visible around the home, approachable, and always ready to listen to their views.

There were systems in place to monitor and improve the quality of the service provided.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

The Beeches (Doncaster)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 and 31 March 2016, and was unannounced on the first day. It was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also obtained the views of professionals who had visited or worked with the home, such as service commissioners and Healthwatch [Doncaster]. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with seven people who used the service and four relatives. We spent time observing care throughout our visits and at lunchtime on the first day. We spoke with the registered manager, three care staff, the cook and the maintenance person. We also obtained the views of a healthcare worker who visited the home.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing three people's care records, four staff recruitment, training and support files, medication records, audits, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said they felt the home provided a safe environment for people who lived and worked there. A relative told us, "Yes, it's a safe place for people to live." They went on to describe how a pressure pad had been put under their family members mattress so staff knew when they got out of bed and could go and assist them, as they were at risk of falling.

Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They told us how they encouraged people to stay as mobile as possible while monitoring their safety. We saw most people were mobile with, or without, assistance from staff and staff had received training in how to move people safely.

We saw care was planned and delivered in a way that promoted people's safety and welfare. Records were in place to monitor any specific areas where people were more at risk, and explained to staff what action they needed to take to protect them. We saw assessments covered topics such as risk of falls, nutrition and moving and handling people safely. We also found equipment such as specialist beds, bed side safety rails and pressure relieving equipment was used if assessments determined these were needed.

There were arrangements in place in case the building needed to be evacuated, with each person having their own evacuation plan.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager and the staff we spoke with understood their responsibilities in promptly reporting concerns and taking action to keep people safe. They could identify the types and signs of abuse and told us they had received training in this subject during their induction period, and later in refresher courses. This was confirmed in the training records we sampled. All the staff we spoke with told us they would have no hesitation in reporting any concerns of this kind, or any other concerns. They said they were confident the registered manager would take appropriate action, but knew there was a company whistleblowing number they could call to raise their concerns if they needed to.

People told us there was enough staff available to meet people's individual needs. When asked about the time it took staff to answer call bells a relative said, "There always seems to be plenty of staff. When I press the buzzer someone always comes straight away." Another person told us, "I am not aware of any issues [with staffing levels]. People are responded to as they ask for things." A third person told us they did not see as many staff around in the mornings, but felt this could be because they were busy in people's rooms. They said sometimes they heard someone shout for assistance, but felt all the people living at the home were well cared for.

Staff we spoke with agreed there was usually enough staff on duty to meet people's needs. One person told us sometimes it could be 'extra busy' but said that usually the management team would get someone in to help. We saw dependency assessments had been carried out for each person living at the home. However, the registered manager told us this information was not used to calculate staffing numbers, which were

determined by the company. Although people's needs were being adequately met at the time of our visit, we discussed the benefits of using dependency scores to calculate future required staffing levels with the registered manager.

A structured recruitment and selection process was in place, but we found this had not been consistently followed. The service had only recruited two staff in the past year so we looked at both of these files, as well as files for longer serving staff. The files for the long serving staff and one of the newly recruited staff files contained all the required pre-employment checks. These included two written references, a recent photograph and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, the other file only had one reference and there was no photograph on the file. The registered manager could not explain why there was only one reference. On the second day of our inspection we saw the missing reference had been re-applied for.

The staff we spoke with told us they had undertaken a structured induction when they started to work at the home. This entailed completing the company's mandatory training which included moving people safely, dementia awareness, infection control, food safety, falls awareness and safeguarding vulnerable people from abuse. Staff told us new starters also shadowed an experienced staff member until they were assessed as competent in their role. However, we could find little evidence to show the last two staff employed had completed their induction and all planned training. The registered manager said staff kept their own induction booklets, but information contained in the minutes from a mangers meeting indicated these should be kept in the care home to provide evidence of how staff were progressing.

This was a breach of Regulation 19 (1) (a) (b) (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A medication policy was available that outlined how medicines should be safely managed. Senior care workers, who had completed appropriate training in the safe management of medicines, were responsible for administering medicines. On the second day of our inspection we observed one of the senior care workers administering medication to people living on the ground floor. They did this in a safe way that reflected good practice guidance, such as administering to people individually and only signing for medicines once they had been taken by the person. The medication administration records [MAR] we sampled had all been completed correctly.

We also saw protocols were in place to tell staff how and when medicines that were only to be taken as and when required [PRN] were to be administered. During our observations we heard the senior care worker asking people if they required pain relief and recording on the reverse of the MAR when and why the medicine had been administered.

The senior care worker later described the system for ordering and managing medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer needed. We checked if the system had been followed correctly and found it had.

There were systems in place to make sure staff had followed the home's medication procedure. Senior staff told us that as well as attending medication training they also had to undertake competency assessments to make sure they were following the company policy. This included a member of the management team observing them administering medication.

We found regular checks had been carried out to make sure that medicines were given and recorded correctly, and remaining medication tallied with the stock held. The registered manager told us they also carried out random checks to ensure stock held tallied with the records.

The dispensing pharmacy had carried out a medication assessment in November 2015 which identified several areas that could be improved. This included no lock on the medication fridge and temperatures in the room where medicines were stored not being monitored effectively. We saw a new fridge had been purchased, and room and fridge temperatures were being checked daily and were within the required limits.

We found controlled drugs [medicines that require extra checks and special storage arrangements because of their potential for misuse] were managed safely in line with current legislation. The registered manager told us a recommendation made by the pharmacist regarding the size of the cabinet holding this medication was being considered, but storage was safe.

Good

Is the service effective?

Our findings

People we spoke with said staff were efficient at their job. When asked if staff seemed to be well trained to carry out their work one relative commented, "Yes, they know what they are doing." Another relative told us staff were competent in their work and good communicators. They added, "I can't praise them [staff] enough, they are fab."

We found the majority of staff had the right skills, knowledge and experience to meet people's needs. The company used an electronic system to record the training staff had undertaken. This also highlighted when refresher training was due. We saw some staff had not completed on-line refresher training in line with the company's expectations. However the registered manager said they were addressing this with individual members of staff. Staff told us that most of the training was e-learning, but confirmed they had to pass a knowledge test at the end to make sure they had understood everything. Records confirmed this.

The registered manager was aware of the new care certificate introduced by Skills for Care and said recently employed staff had or were undertaking this award. However, evidence of this was not available at the time of our visit. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Following induction training we saw other training courses were available to increase staff's knowledge, such as more in depth dementia training. The registered manager also told us a high percentage of care staff had, or were completing a nationally recognised qualification in care at levels two or three.

The company had a system in place to provide staff with regular support sessions and an annual appraisal of their work. Although records indicated that support sessions had not been provided in line with company policy [bi-monthly] in 2015, we saw the registered manager had taken steps to improve this by introducing a supervision plan to highlight when support sessions were due for each staff member. We saw many of the support sessions had been in groups with only a limited number on a one to one basis and led by the person being supported. We discussed this with the registered manager who said they were aiming to provide more one to one sessions. Staff we spoke with felt they were well trained and supported.

The registered manager told us a new appraisal system had recently been introduced and we saw examples of how this had been used. It involved both the appraiser and the apraisee so each could give their options and raise topics they wanted to discuss, such as training needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed.

We saw policies and procedures on these subjects were in place and guidance had been followed.

We saw where applicable applications had been made to the DoLS supervisory body, but the registered manager said they were waiting for the outcomes. Records demonstrated the correct process had been followed and appropriate documentation was in place.

Care staff we spoke with had a general awareness of the Mental Capacity Act 2005. They told us they had received training in this subject to help them understand how to protect people's rights and work in their best interest.

We observed lunch being served on the first day of our inspection. The dining room had a relaxed atmosphere and we saw tables were nicely set with table cloths, flowers, napkins and cutlery, and appropriate music was playing. We also saw specially adapted crockery was available to enable people to eat without assistance. There was a picture menu board on the wall, but this had not been changed for two days, this meant people could not see what meals were planned for the day. We discussed this with the registered manager who said it should be changed daily.

Staff chatted with people as they seated them and served the meal. Some people told staff which of the two main options they preferred, or had pre-ordered something not on the planned menu. In other cases staff took both options to people so they could choose the one they preferred. There was also a choice of drinks and puddings available. Staff assisted people to eat where necessary. We also saw some people's relatives were assisting their family member to eat their lunch.

People living at the home told us they enjoyed the meals provided. A relative said, "I hear staff asking people what they want at mealtimes." Another relative commented, "The quality of the food and choice is good, there are always clean plates. Food is available as and when required, as some people like to 'graze', and portion sizes are adequate."

Care files contained details of any special diets or nutritional needs people required and this information had also been shared with the kitchen staff. The cook said the registered manager also provided details of people who had lost weight so they could enrich their meals to provide extra calories. For instance, they said they added cheese and cream to potatoes and made fortified shakes. The cook told us food was available 24 hours a day in case people were hungry in the night.

We saw people had accessed healthcare professionals such as GPs, chiropodists and opticians when additional support was required. A relative described how staff had sought prompt medical attention for their family member adding, "They kept me consistently informed about what was happening." Staff explained how records were maintained to monitor some people's wellbeing if there were concerns they were not eating or drinking enough. We also saw people's weight was regularly checked and where concerns were identified plans had been put in place to address the issue.

Good

Is the service caring?

Our findings

People using the service and the visitors we spoke with told us staff were helpful, caring and friendly. Someone living at the home said, "They [staff] do a good job." A relative told us, "There was good interaction between staff, residents and relatives. They went on to add, "Mum has been very well looked after here. People get regular baths and visit the hairdresser and chiropodist." Another relative commented, "Staff are patient with her and so she responds well to them."

The atmosphere in the home was very welcoming and relaxed. It was evident that staff knew people well and maintained a good relationship with their families. Relatives we spoke with said they felt welcome at the home and could visit without any unnecessary restriction. We saw visitors freely coming and going as they wanted during our inspection. However, the provider preferred for visitors to respect people by not visiting during mealtimes. Although if they wanted to assist their relative to eat this was encouraged.

We saw staff were kind, patient and respectful to people, who seemed relaxed in their company. A relative described staff as, "Competent, nice mannered and not patronising [to people living at the home]. They added, "They talk to people as equals."

Staff were able to describe the ways in which they got to know people, such as talking to them and their families, and reading the care plan. They demonstrated a good knowledge of individual people's preferences which showed they knew them well. Care records contained information about people's preferences, their past history and family connections, as well as the areas they needed support with.

Staff gave examples of how they offered people choice which included what the person wanted to wear, offering different coloured clothing, what they wanted to eat and drink. One care worker told us, "It's what they [people using the service] want to do, just the same as if they were living at home." Another care worker said, "Different people like different things. For example, one resident likes a coffee before going to bed which we take, plus we offer hot drinks to people who are awake through the night." We also saw people had been encouraged to personalise their rooms with small items of furniture, pictures and mementos.

People who lived at the home looked cared for and well groomed. We saw staff treated them with dignity and the people we spoke with confirmed their, or their family member's, dignity and privacy was respected.

Staff told us they preserved people's privacy and dignity by closing doors and curtains when providing personal care. One staff member said, "We have personal care signs we can put on people's doors so visitors and other staff know not to enter." Another care worker described how they explained what they planned to do each step of the way so people would not get upset. A third care worker told us, "I offer to stand outside the toilet door, if they [person using the service] are safe to be on their own, and tell them to shout when they need me, or if they prefer I stay with them."

We saw the registered manager spent time around the home talking to people, observing care and helping out at mealtimes. They said this gave them the opportunity to see how staff were working and speak to

people using and visiting the service.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support provided. They complimented the staff for the way care was delivered, which they said was responsive to their needs. One relative told us when they initially looked around the home their first impressions had been positive and this had not changed. They added, "They [staff] provide very good care. Physically mum has improved. For example she now walks on her own with her zimmer frame." Another relative described to us how their family member's continence had been managed effectively and how the care they received had made a positive difference to their life. They added, "They [staff] deal with 'accidents' promptly and efficiently. Mum would not be here today if she hadn't moved here."

A visiting healthcare worker said they felt staff met people's needs in a person centred way. They told us, "Staff are more helpful here, nothing is too much trouble." They said staff were "Very good" at making sure charts, such as those to monitor how often people were turned to minimise the risk of pressure damage, were maintained.

Interaction between staff and people using the service was very good and focused on the individual needs and preferences of the person being supported. Care workers offered people options about their meal or where to sit, as well as providing the food, drink, or support they knew was preferred. Call bells were answered promptly and staff were available when people needed assistance. Staff we spoke with demonstrated a good knowledge of people's preferences, which were recorded in the care records to differing degrees.

Care files demonstrated that prior to moving into the home an assessment of people's needs had been carried out by one of the management team. This information had been used to help formulate the person's initial seven day care plan. The registered manager told us a full care plan was then formulated within seven days of admission. People we spoke with confirmed they had been involved in formulating care plans and this was evidenced in the care files we sampled. A relative told us, "The manager visited her in hospital to do an assessment and mum's best interest was also considered. We have been involved in care planning and are happy with how care has been arranged and delivered."

People's care files contained a 'residents profile' which detailed what was important to the person, a summary of their personal care needs and what they enjoyed doing during the day. They clearly outlined the areas the person needed support with, and any risks associated with their care. These included areas such as living with dementia, risk of falls and meeting the person's personal care needs. We found some files contained better information about peoples' preferences and abilities than others, therefore there were gaps in the information provided to staff. The registered manager told us they had already identified that care plans needed more detail. They said further staff training was to be given and they showed us a sample of the kind of detail they were expecting in future. This plan gave much more detailed information about the person's abilities, as well as how they liked to do things.

We found care plans and risk assessments had been evaluated on a regular basis to see if they were effective

in meeting people's needs, and changes had been made if required. Periodic reviews of care had taken place, but we found in one instance the review form had not been fully completed. The registered manager said they would address this with the staff member who had documented the review.

The home employed an activities co-ordinator to facilitate social activities and stimulation. We saw a programme of activities displayed in the home which included reminiscence therapy, games, film day, pampering sessions, fruit tasting and sing-alongs. During our inspection we saw some people visited the hairdresser, some joined in with baking biscuits, while other people enjoyed a game of bingo.

Staff told us people also enjoyed outings into the community, such as a 'magical mystery tour', which the registered manager said involved trips to local places of interest. We also saw photographs of people petting animals that had been brought into the home by an outside company. Relatives told us people enjoyed these activities, but could choose not to participate if they did not want to. One relative commented, "There is always something going off activity wise." Another visitor said, "Group activities suit her [the person using the service] best. She likes card games and sing-alongs, and enjoyed a day out at a local nursery."

The provider had a complaints procedure which was available to people who lived and visited the home. The registered manager told us no concerns had been received over the past twelve months, but we saw a system was in place to record the detail of any complaints received, what action was taken and the outcome.

People we spoke with told us they were very happy with the service provided and had no concerns or complaints. They said they would feel comfortable raising any concerns with the registered manager or any of the staff should it be necessary. One person who used the service commented, "It's lovely living here, I have no complaints." Thank you cards displayed in the home demonstrated that people had been happy with the care provided.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People told us the registered manager was approachable and very visible around the home. One person who was living at the home said, "She is a fantastic manager, just great." Relatives were also complimentary about the registered manager and the way the home was run. One relative said they had told the provider how wonderful the home was. They added, "We had a bad experience at the last home. Here it is just right. I tell everyone, if you can get your mum into The Beeches, do it." Another relative commented, "I have nothing bad to say about this place." A third relative told us, "We looked at a few homes before selecting this one. It's like a home from home. We are made to feel welcome and bedrooms are a good size and airy."

During our visit the staff seemed well organised. We found the registered manager was supported by a deputy manager an administrator and a team of senior care staff. The registered manager said there was always a member of the management team on call should staff need support. They told us they had an open door policy if someone wanted to speak to them, and they spent time walking around the home during the day. One staff member told us, "The manager is nice, I feel I can come and speak to her at any time."

A visiting healthcare worker told us, "The manager is brilliant. She is very hands on." They went on to praise the staff for the care they provided and described the home as 'well run' adding, "I have no problems at all with the home."

The provider had used surveys and meetings to gain people's views. This included an electronic system in reception, which anyone could use to share their views. We looked at the minutes of a 'residents and relatives' meeting held in February 2016. We saw people had been invited to complete a questionnaire about the meals provided and discussions had taken place around the development of the garden and planned activities and outings. We asked the people we spoke with if there was anything they felt could be improved but no one could offer any suggestions.

Staff told us they felt well supported by the management team and demonstrated a good awareness of their roles and responsibilities. We saw staff meetings had taken place regularly giving staff the opportunity to share their views. A survey had also been used to gain staffs' views. One member of staff described the home as, "Busy, but a nice place to work." The majority of staff we spoke with said there was nothing they felt could be improved at the home. However, one person felt that the environment needed some attention. For instance, making the upstairs shower room into a wet room so there was more space when showering people. The registered manager told us some improvements were planned for the environment, including the nurse call system. They said they would consider the upstairs shower room suggestion.

We saw the registered manager attended monthly meetings with other managers in the company and the operations directors. We were told the operations director also visited the home on a regular basis to meet

with the registered manager and carry out checks on how the home was operating. We sampled reports completed following these visits which highlighted areas that were working well and areas for improvement.

We saw various audits and checks had been used to make sure policies and procedures were being followed and the home was well maintained. These included how the kitchen operated, health and safety, care files and medication practices. These enabled the management team to monitor how the home was operating, as well as staffs' performance. Where shortfalls were found action plans had been devised to address them. However, the shortfalls we found in one of the recruitment files had not been identified by the provider or the registered manager's assessments of the home.

We saw the service had been awarded a five star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen. This is the highest rating achievable.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Appropriate background checks were not consistently undertaken before staff began working for the service and training records did not evidence all new staff had received a full induction. Regulation 19 (1) (a) (b) (2)